DOT/FAA/AM-96/27

Office of Aviation Medicine Washington, D.C. 20591

The Use of Task-Specific Lenses by Presbyopic Air Traffic Controllers at the En Route Radar Console

Van B. Nakagawara Kathryn J. Wood Civil Aeromedical Institute Federal Aviation Administration Oklahoma City, Oklahoma 73125

December 1996

Final Report

DISTRIBUTION STATEMENT A
Approved for public retease,
Distribution Unitenited

This document is available to the public through the National Technical Information Service, Springfield, Virginia 22161.





19970122 110

NOTICE

This document is disseminated under the sponsorship of the U.S. Department of Transportation in the interest of information exchange. The United States Government assumes no liability for the contents or use thereof.

		rechnical Report Documentation Page	
1. Report No. DOT/FAA/AM-96/27	Government Accession No.	3. Recipient's Catalog No.	
4. Title and Subtitle		5. Report Date	
The Use of Task-Specific Lenses l	oy Presbyopic Air Traffic	December 1996	
Controllers at the En Route Rada	r Console	6. Performing Organization Code	
7. Author(s)		8. Performing Organization Report No.	
Van B. Nakagawara, O.D.; Kathr	yn J. Wood		
9. Performing Organization Name and Addre	ess	10. Work Unit No. (TRAIS)	
FAA Civil Aeromedical Institute			
P.O. Box 25082		11. Contract or Grant No.	
Oklahoma City, OK 73125			
•			
12. Sponsoring Agency name and Address		13. Type of Report and Period Covered	
Office of Aviation Medicine			
Federal Aviation Administration			
800 Independence Ave., S.W.			
Washington, DC 20591		14. Sponsoring Agency Code	
washington, 20 20991			
15. Supplemental Notes			
This work was performed under t	ask AM-A-95-PHY-156		
This work was performed under t		*	
16. Abstract			
Introduction. The configuration	of the radar console to control air	craft traffic has similar features to a visual display	

Introduction: The configuration of the radar console to control aircraft traffic has similar features to a visual display terminal (VDT) work station. Task-specific lenses have been found in clinical studies to reduce visual symptoms while working at the VDT. The American Optical Corporation TruVision Technica®, a task-specific lens design, was evaluated to see if visual benefits from such a lens could be transferred from the VDT environment to the radar console work environment.

Methods: Presbyopic Air Traffic Control Specialists (ATCSs) at the Houston Air Route Traffic Control Center were fitted with two prescription spectacles, using their current and Technica® lens designs, in similar ophthalmic frames. Each ATCS used both lens designs at the radar console and provided subjective evaluations of their appropriateness in that environment.

Results: Thirteen (13) subjects (45.6 \pm 5.9 years of age, range 36-55 years) completed the study. Subjects who used larger near viewing area (single vision and executive) lens designs generally preferred their current lens design. The Technica® was preferred by mature presbyopes (add power of \geq 1.25 diopters) and those using smaller near viewing area (FT-25, FT-28 and general progressive addition) lens designs. The primary complaints reported by ATCSs with the Technica® were peripheral distortion and limited field of view.

<u>Conclusions:</u> Task-specific lens designs are an alternative for presbyopic ATCS who work at a radar console. However, distortion and limited field of view from the lens may require prolonged adaptation times before such designs are acceptable to ATCS on the job, especially for those accustomed to lens designs with larger viewing areas.

17. Key Words Aviation; Vision; Lenses; Presbyopia; Occupational Health		18. Distribution Statement Document is available to the public through the National Technical Information Service, Springfield, Virginia 22161		
19. Security Classif. (of this report)	ecurity Classif. (of this report) 20. Security Classif. (of this pa		21. No. of Pages	22. Price
Unclassified Unclassified			23	

Form DOT F 1700.7 (8-72)

ACKNOWLEDGMENTS

The authors would like to acknowledge American Optical Corporation and in particular Suzanne Nylander, O.D., Director of Professional Relations, for their technical and financial support of this work. We gratefully acknowledge the outstanding clinical and administrative support provided by the representatives from Krug Life Sciences, Inc., of Houston, Texas, including: Mr. Michael Caputo, Keith Manuel, O.D., Robert Gibson, O.D., and Mrs. Donna Winter-Manuel. We wish to thank Anthony Zeigler, M.D., retired Southwest Regional Flight Surgeon for his administrative and moral support, and the management and staff of the Houston Air Route Traffic Control Center in Houston, TX, for their time, patience, and kindness shared with the research staff during this project.

THE USE OF TASK-SPECIFIC LENSES BY PRESBYOPIC AIR TRAFFIC CONTROLLERS AT THE EN ROUTE RADAR CONSOLE

INTRODUCTION

The primary goal of the Air Traffic Control (ATC) system, which is under the jurisdiction of the Federal Aviation Administration (FAA), is to prevent collisions between aircraft. This goal is achieved by providing a safe and orderly flow of air traffic, utilizing the air space as efficiently as possible. An Air Traffic Control Specialist (ATCS), or controller, is a person authorized to provide air traffic control service ().

There are three basic ATC facilities: 1) Terminal Radar System Area covers the airspace surrounding designated airports; 2) Automated Flight Service Station transmits weather, flight plan information, and other assistance to pilots; and 3) Air Route Traffic Control Center (ARTCC) provides air traffic control during the en route phase of the flight between designated airport terminal areas.

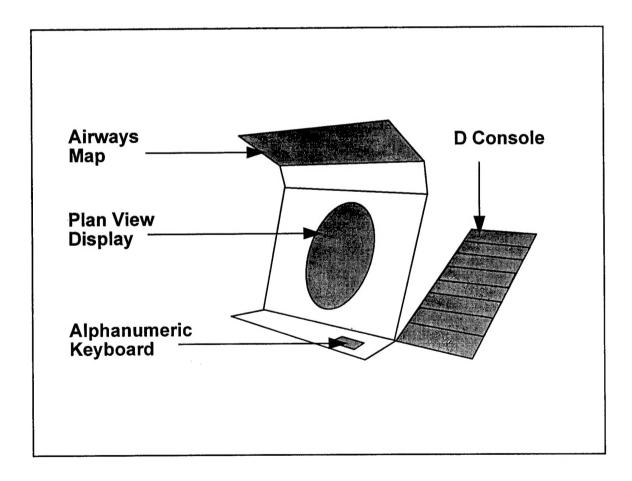


Figure 1: Schematic of the En Route Radar Console

(Note: Plan View Display is the radar display, while the D Console holds flight progress strips).

At the ARTCC, each airspace sector may have one to three controllers assigned the function of separating aircraft. The radar controller issues altitude, heading or airspeed changes to keep the aircraft separated. The radar associate/nonradar controller assists by separating aircraft that do not appear on the radar display, updating flight progress strips, and assuming aircraft separation responsibility if the radar display malfunctions. The ARTCC, or en route, controller must be "stress tolerant" and "attentive to detail" as their occupation requires they maintain current assessment of the rapidly changing location of each aircraft (in three-dimensional space) and their projected future locations relative to each other along with other pertinent aircraft parameters (destination, fuel, speed, etc.) (,).

The en route ATCSs have a work environment with unusual visual demands (See Figure 1). The configuration of their work station makes visual correction, particularly of older ATCSs, challenging as conventional spectacle lens designs may often be unsuitable (). Ophthalmic lenses are routinely prescribed by eye doctors to correct for presbyopia, a normal decrease in near vision focusing ability (accommodation) of the eye that occurs with age. The presbyopic eye cannot change focus from far distance (20 feet and beyond) to see closer objects clearly. That focusing must be done using spectacles or contact lenses. Spectacle lenses may be used to correct for near vision (normally prescribed at 14-16 inches) in the form of single vision (SV) and multifocal lenses (See Figure 2). Both distant and near vision can be corrected with multifocal lenses of standard bifocal designs, while a trifocal lens adds a correction for intermediate vision (about 28-32 inches).

Progressive addition lenses (PALs) are specially designed to correct presbyopia (See Figure 3). PALs eliminate the bifocal or trifocal segment lines and provide a continuous focus from far to intermediate to near distances. PALs are popular due to their aesthetics, clear viewing at all distances, and their ability to eliminate image jumps or blurred zones inherent in standard bifocal and trifocal lenses (). The

drawbacks to general-purpose PALs include a relatively narrow vertical/horizontal intermediate and near vision zone, distortion in the lens periphery, difficulty in fitting, higher cost, and an extended wearer adaptation period (5,,).

The en route radar console is similar to that of computer and video display terminal (VDT), as it has a video monitor and a keyboard. The American Optical Corporation's TruVision Technica® is a taskspecific, progressive power lens design that has been shown in clinical trials to provide the computer user with a more comfortable, usable correction than with standard multifocal lens designs (,). The Technica® has a narrow distant viewing area while providing wider intermediate and near vision zones, as compared to general-purpose PAL designs (6). The Technica's @ aberration zones are pushed to the top of the lens, while PALs have distortion near the bottom of the lens. The other difference between Technica® and general-purpose progressives is that, instead of having the correction for distant vision at the center of the lens, Technica® has the intermediate vision correction at that point (See Figure 3). Technica® was designed to meet the needs of the typical computer and VDT user who views a screen located at a distance equal to 60-80% of their near add power, and at a viewing angle 10 - 20° below straight-ahead gaze (). Upon review of the en route radar console, it was concluded that the work station environment was similar enough to that of the VDT user to merit evaluation of the Technica® lens as an occupational lens to correct the vision of presbyopic ATCSs while working at such a unit.

The objective of this study was to conduct a subjective comparison of the performance of the Technica® with the lens designs currently worn by presbyopic en route ATCS at their work environment. The comparison was to determine whether the visual benefits of the Technica's® unique design could be transferred from the VDT environment to the radar console environment, thus increasing efficiency by reducing work-related stress, fatigue, and the number of visual and physical complaints of ATCSs at work.

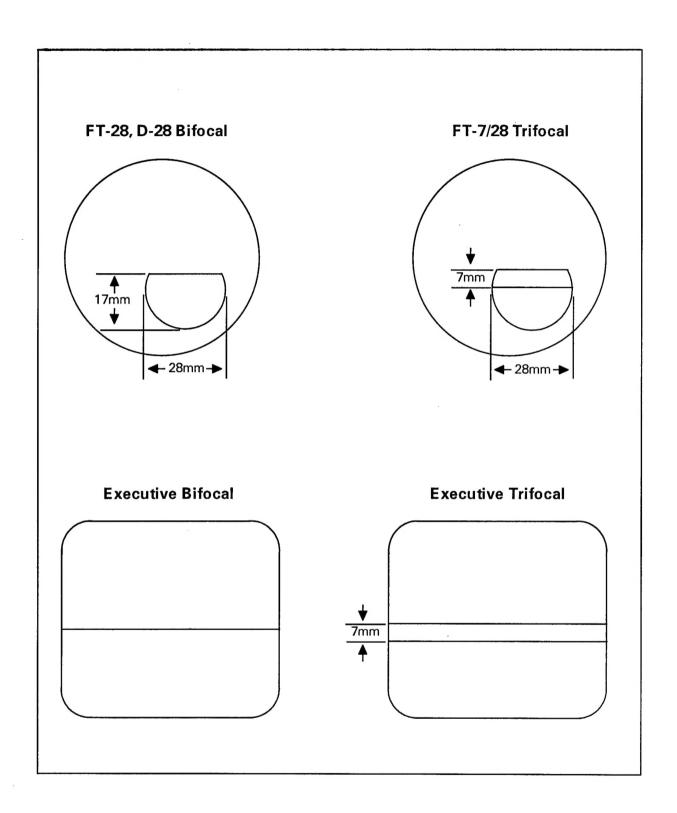


Figure 2: Standard Bifocal and Trifocal Lenses

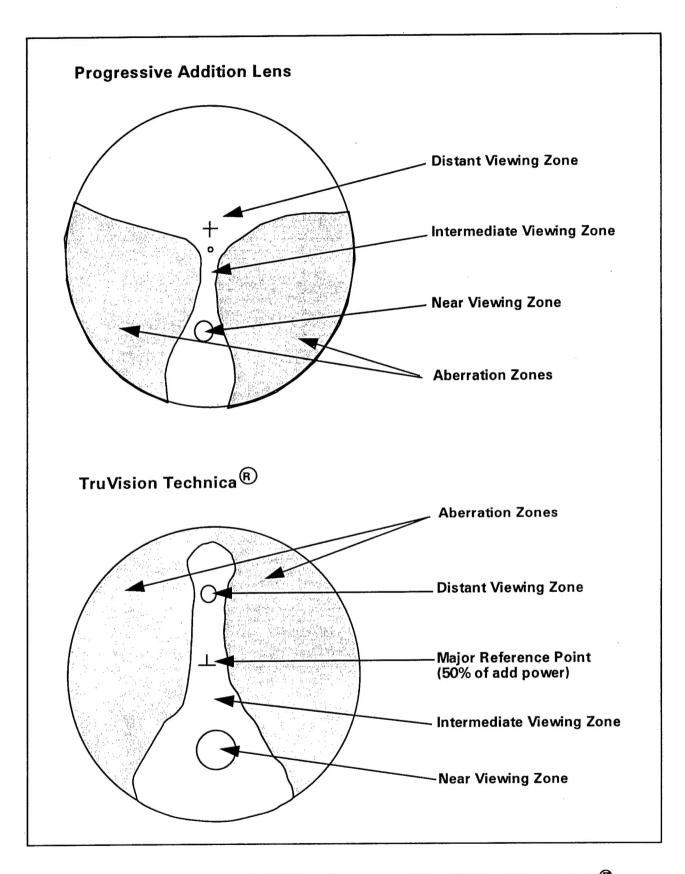


Figure 3: Progressive Addition Lens vs. TruVision Technica®

METHODS

Twenty (20) presbyopic ATCSs 35 years of age and older who worked at the en route radar console a minimum of 20 hours per week were to be selected. After receiving approval for the testing by management and union representatives, the Houston ARTCC in Houston, TX, was selected as the test site. Contractual support was obtained for clinical and administrative services (Krug Life Sciences of Houston, TX) and ophthalmic manufacturing services (Duffens Optical of Houston, TX).

An overview of the study was presented at controller team briefings on-site and flyers were posted throughout the Center. The offer of receiving two free pairs of prescription eyeglasses encouraged participation. Interested controllers were initially interviewed by telephone, during which the purpose of the study, time schedule, qualifications, compensation, etc., were discussed.

Selected subjects had to meet the following requirements: 1) they must have had a complete vision examination within the past 12 months; 2) they must wear prescription lenses for near or intermediate vision while working at the en route radar console for at least 20 hours per week; 3) the subject's spectacle prescriptions must meet the parameters available in the Technica® lens (Note: No subject was ruled out due to prescription specifications.); 4) they must have anticipated being based in the Houston area for 12-months after inclusion into the study; and 5) they must consent to a medical screening at the Center to rule out any active ocular or systemic pathology, which could affect their vision or refractive prescription stability.

A copy of the description of the study and an Informed Consent Sheet were mailed to all prescreened applicants. Qualified ATCSs were asked to bring these forms, all eyeglasses and refractive prescriptions, and workstation measurements to their initial on-site visit. At this visit, the Informed Consent Sheet was signed by each ATCS, an evaluation of current lenses (likes, dislikes, limitations, problems, etc.; See Appendix A), and subject information forms were completed (hours at console, years working as an

ATCS, visual and physical complaints, medical history, ophthalmic measurements of the optical devices, etc.; See Appendix B).

After analyzing each subject's refractive prescription and eyeglasses, an ophthalmic frame was selected from a 10-frame fitting set. Two complete pairs of eyeglasses were ordered in identical frames: one duplicate of the original prescription lenses worn at the radar console, and one pair of Technica® lenses. There were two subjects who wore "over-the-counter" monofocal lenses at the radar console, rather than the refractive prescription from their most recent eye exam. Duplicate eyeglasses dispensed for those two subjects, were full-view SV lenses incorporating the refractive correction of their most recent eye exam. The completed eyeglasses were verified to ensure they met both the American National Standards Institute standards (ANSI Z80.1 - 1987, American National Standards for ophthalmics - prescription ophthalmic lenses - recommendations) and the requirements in the American Optical's TruVision Lifetime System of Lenses® Fitting Manual.

A second visit to the Houston ARTCC was scheduled for each subject to dispense the completed eyeglasses. During this visit the new spectacles were fitted to each subject, adaptation and use of the Technica ® lens design was explained, and instructions for the periods of use for both pairs of eyeglasses were provided. Each subject was asked to wear the Technica® lenses for near point leisure activities for one week. If the subject felt comfortable with Technica® at the end of the week, they were asked to wear the Technica® exclusively while working at the radar console for a 4week period. At the end of this period, each subject was personally interviewed by means of an initial Technica® evaluation questionnaire (See Appendix C). During the fifth week, the subjects were asked to alternate between the new version of their original lenses (i.e., current lens design) and Technica® at work. At the end of that week, a second comparative experience survey (See Appendix D) was administered. A final follow-up evaluation (See Appendix E) was completed three months later to verify any change in lens design preference at work.

RESULTS

Thirty senior ATCSs responded to our request to be test subjects, but only thirteen (n = 13) qualified for inclusion. The reasons for rejection included lack of time working at the radar console (n = 12) (many applicants were supervisors who spend limited time controlling traffic at the radar console), medical disqualification from working as controllers (n = 2), and failure to follow up after their initial inquiry (n = 3).

The mean age of the 13 subjects was 45.6 ± 5.9 years (range 36-55 years). By coincidence, all subjects were male. The average intermediate working distance as specified by the subjects was $88.9 \text{ cm} \pm 2.9 \text{ cm}$ (range 84.7 - 95.1 cm).

The preponderance of eyes were hyperopic (far-sighted), with no subject exceeding 2.00 diopters (D) of myopia (nearsighted) or hyperopia, and the majority were near emmetropia (no refractive error) with corrections less than or equal to ± 0.50 D. Anisometropia (difference in refractive error of the two eyes) did not exceed 0.87 D (spherical equivalent), and the maximum astigmatism correction was -0.75 D.

Table 1 presents each subject's preference by age, type of lens correction worn, and add power required. Subjects who used multifocal lenses (except those who wore Executive lens designs), preferred the Technica®, while most SV lens wearers preferred their current lens design at work. All of the subjects who preferred Technica® were ≥ 44 years of age and had adds powers ≥ +1.25 D.

The ATCSs' subjective complaints with their original lens designs while at work are presented in Table 2. The most prominent symptoms reported included blurred vision (10) and eyestrain (5). Table 3 presents subjective complaints reported with the Technica® at the radar console. The Technica® lens reduced eyestrain in two of five subjects while inducing it in three others. Blurred vision was eliminated in five of ten subjects who had reported this problem with their original lens designs. The most numerous subjective complaints with the Technica® were from distortion (8) and limited field of view (10).

Five of the 13 controllers (38.5%) reported that vision through their original corrective lenses contributed to work-related stress. The five who subsequently

SUBJECT NO.	AGE	CURRENT RX LENS	ADD POWER	PREFERRED Rx
1	44	BIFOCAL (FT 28)	+ 1.25	Technica®
2	40	SINGLE VISION	+ 1.00	*
3	48	TRIFOCAL (EXEC)	+ 2.00	*
4	47	SINGLE VISION	+ 1.50	Technica®
5	49	BIFOCAL (EXEC)	+ 2.00	*
6	51	BIFOCAL (FT 35)	+ 2.00	Technica®
7	36	SINGLE VISION	+ 1.00	*
8	45	SINGLE VISION	+ 1.00	*
9	53	SINGLE VISION	+ 2.50	*
10	55	SINGLE VISION	+ 2.00	*
11	47	PROGRESSIVE	+ 1.50	Technica®
12	36	SINGLE VISION	+ 1.00	*
13	45	SINGLE VISION	+ 1.50	Technica®
Note: * Denotes Subject preferred current Rx.				

Table 1: ATCS Preference of Lens Design by Age, Type of Lens Correction Worn and Add Power

SYMPTOMS	WITH ORIGINAL RX
EYESTRAIN	Subject #: 2, 3, 7, 8, 13
BLURRED VISION	Subject #: 2, 4, 5, 7, 8, 9, 10, 11,12, 13
HEADACHES	Subject #: 1, 2, 11, 13
NECK PAIN	Subject #: 1, 3, 6
BACK PAIN	Subject #: 1, 6
SORE/SCRATCHY EYES	Subject #: 2
DISTORTIONS	Subject #: 7
LIMITED FIELD OF VIEW	Subject #: 3, 11
GLARE/REFLECTIONS	Subject #: 2, 7
LIMITED WORKING DISTANCE	Subject #: 5, 10, 12

Table 2: Subjective Complaints with Original Lens Correction in the Work Environment.

SYMPTOMS	WITH TECHNICA® Rx
EYESTRAIN	Subject #: 2, 5, 7, 8, 9, 10
BLURRED VISION	Subject #: 2, 7, 8, 9, 10
HEADACHES	Subject #: 7
NECK PAIN	Subject #: 7
BACK PAIN	Subject #:
SORE/SCRATCHY EYES	Subject #:
DISTORTIONS	Subject #: 1, 2, 5, 7, 8, 9, 12, 13
LIMITED FIELD OF VIEW	Subject #: 2, 3, 5, 6, 7, 8, 9, 10, 12, 13
GLARE/REFLECTIONS	Subject #: 6, 7, 8, 9
LIMITED WORKING DISTANCE	Subject #: 3, 7

Table 3: Subjective Complaints with Technica® in the Work Environment.

preferred the Technica® lenses reported decreased work-related stress, increased efficiency and/or decreased fatigue with this lens design. These controllers also reported fewer visual and physical symptoms and more overall comfort with use of the Technica®. Similarly, subjects who preferred their current lens designs were more complimentary of the virtues of that design in the work environment. At the three month follow-up, all the ATCS who preferred the

Technica®, retained the use of the Technica® design while none of the controllers who preferred their current lenses switched to the Technica® design.

DISCUSSION

The majority of en route ATCSs preferred their current lens design (61.5%) over the Technica® design (38.5%) while working at the radar console. In

general, the ATCSs preferred their original lenses if they incorporated near and/or intermediate segments with large surface areas, such as the bifocal and trifocal executive (current: Technica® = 2:0) or SV lens (6:2) designs. Those controllers that use smaller bifocal (0:2) and general-purpose PAL (0:1) designs preferred the Technica® to their original prescription eyeglasses. For the more mature presbyopic ATCSs, intermediate distance viewing becomes more difficult with SV lenses, and traditional multifocal lens designs with higher add powers are required. The study found that 55.6% of subjects ≥ 44 years of age and requiring add powers ≥ 1.25 D preferred the Technica® with its progressive design. It was anticipated that this percentage would be higher. However, for some individuals, the scanning requirements of an ATCS may not be compatible with the limitations imposed by the Technica's® relatively narrow intermediate viewing area and the induced distortions of the lens, compared to SV and other multifocal lens designs.

Even with the visual limitations of the Technica ®, there is evidence that some controllers felt its benefits were significant. While ten controllers (76.9%) reported limited field of view when using the Technica®, two (20%) of these subjects preferred the Technica® to their current eyeglasses. With the Technica®, eight controllers (61.5%) complained of distortion, and two (25.0%) of these preferred the Technica® to their current eyeglasses. It is possible that older ATCSs accustomed to the wider viewing areas of their current lens designs, would require a prolonged adaptation period to rehabilitate their visual scanning skills and learn to ignore the negative features reported with the Technica®, namely the limited field of view and peripheral distortion.

It is important to note that a substantial number of the test subjects (5) felt that vision with their original lenses contributed to their job stress. Whether this was due to inadequate refractive corrections or unsuitable fit of the eye glasses was not determined. The five controllers who subsequently preferred the Technica® lenses reported that the lenses decreased stress, increased efficiency and decreased fatigue, or had little to no effect on these work-related symptoms.

Technica® was designed for the VDT user and office employees who work at a desk. When asked if they found the Technica O useful in other situations, nine ATCSs (69.2%) reported using their TechnicaO at home while working at the VDT, during casual reading, and for watching television. A VDT user normally views a screen equal to 60-80% of their near add and at a viewing angle 10-20° below straight ahead gaze. The fact that the average intermediate working distance of the ATCS test subjects was 88.9 (35") ± 2.9 cm, approximately 45% of the wearer's total add power, makes it considerably further away than the typical computer screen, 40 - 76 cm (16" -30"). Many people find 51 - 66 cm (20" to 26") most comfortable. A 1989 National Transportation Safety Board recommendation to the FAA states that for the ATCSs, "all corrections required to demonstrate 20/ 20 vision at all applicable distances should be present in the same pair of corrective lenses" (). However, an all-inclusive lens for the mature presbyopic ATCS that would provide adequate viewing of all components of the radar console would be difficult, if not impossible to design. For the mature presbyope, improved viewing at one distance, or area of the field of vision, is almost always at the decrement of viewing another. A prior study on the visual ergonomics of the radar console environment revealed that the primary components of the radar console require the ATCS to scan over large surface areas, and specialty lenses may be required for viewing components overhead. It also found that an individual's eye height in relation to the ATCS radar console environment would be an important factor in fitting vision correcting lenses (4). These factors should be included in any future ergonomic redesigns of the en route radar work station.

The study was compromised by the small number of participating controllers. Age may have contributed to this since, for en route controllers, there is not only a maximum entry age (i.e., may not have reached their 31st birthday prior to initial appointment), but also a mandatory separation at 56 years of age from positions requiring direct separation and control of air traffic (). Other reasons for not participating may have been changing work schedules, the limited num-

ber of presbyopic ATCSs who work at the console (many senior controllers were in supervisory/management positions and could not meet the required number of hours working at the radar console), concern about reporting additional medical information to FAA, and satisfaction with their current vision correction. The requirement that the participants have a current refractive prescription further limited our subject pool, since many individuals do not have routine eye examinations. Even when this condition was met, some current prescriptions were problematic, since several were reported questionable by the contractual vision specialists for the intermediate distance for which they were being used.

A study with quantitative test results of controller performance would have been preferred. However, a performance-based test was not an option in this study, since we could not interrupt the ATCSs while they were controlling air traffic. The use of subjective responses to survey questions, which are not easily quantifiable and are sometimes difficult to interpret, was the most practical method of evaluating the usability and feasibility of these ophthalmic lenses on the job.

In conclusion, for en route ATCS working at the radar console, our test results suggest that a lens type with a wider field of view (SV or Executive) is generally preferable to a Technica® lens design. However, Technica® may be preferable for those ATCSs using smaller multifocal lens designs, such as FT-28, FT-35 or general-purpose PALs. Although the Technica® provides a relative wide intermediate and near vision area, it may not be wide enough for the visual scanning required for work at the radar console, resulting in complaints of distortion and limited field of view. It is possible that the Technica O may be more acceptable in other air traffic activities, such as automated flight service stations, which use more traditional VDT equipment. Although not a panacea for all presbyopic controllers who need corrected vision for near and intermediate distances, the Technica® is a viable option for eyecare practitioners correcting ATCSs with occupational vision problems. The five controllers who preferred the Technica® lenses in this study reported decreased work-related stress, increased efficiency, and/or decreased fatigue. With a

longer period of adaptation or with improvements in refractive prescriptions, it is possible that all of our subjects could have adapted to the Technica O. Further study on the corrective needs of presbyopic ATCSs is needed as current demographics of the ATCS population forecast a substantial increase in early and mature presbyopic controllers in the next decade, many of whom will be full performance level ATCSs working at the radar console (4).

REFERENCES

- Nolan MS. Fundamentals of Air Traffic Control, 2nd Ed. Belmont CA: Wadsworth Publishing Company, 1994.
- Schroder DJ, Broach D, Young WC. Contribution of personality to the prediction of success in initial air traffic control specialist training. Washington DC: Department of Transportation/Federal Aviation Administration; 1993; FAA Report No. DOT/FAA/AM-93/4. Available from: National Technical Information Service, Springfield, VA 22161.
- 3 Endsly MR, Rogers MD. Situation awareness information requirements of en route air traffic control. Washington DC: Department of Transportation/Federal Aviation Administration; 1994; FAA Report No. DOT/FAA/AM-94/27. Available from: National Technical Information Service, Springfield, VA 22161.
- 4 Nakagawara VB, Coffey JD, Montgomery RW. Ophthalmic requirements and considerations for the en route air traffic control specialist: an ergonomic analysis of the visual work environment. Washington, DC: Department of Transportation/ Federal Aviation Administration; 1996, FAA Report No. DOT/FAA-AM/96/12. Available from: National Technical Information Service, Springfield, VA 22161.
- 5 Milder B, Rubin ML. Progressive power lenses. Survey of Ophthalmology. Nov-Dec 1987; 32(3):189-8.
- 6 Nylander SH. Some considerations in progressive lens design. Eye Quest Magazine. Sep-Oct 1992; 2(5):77-9.

- 7 Cho MH, Sjpear CH. Caplan L. The effect of excessive add power on the acceptance of progressive addition lenses. Journal of the American Optometric Association. Sep 1991; 62(9):672-5.
- 8 Seppinni A, Mathe N. VDTs & your patient's health symptoms and solutions. Computers in Eyecare. Winter 1991-92; 1(2):26-8,42-3.
- 9 Bachman WG. Computer-specific spectacle lens design preference of presbyopic operators. Journal of Occupational Medicine. Oct 1992; 34(10):1023-7.
- 10 Sheedy JE. Prescribing for presbyopic computer users. Eyecare Technology. Nov-Dec 1994; 4(6):57-9.
- 11 National Transportation Safety Board. Safety recommendation. Aug 11, 1989; A89-83 through 90.
- Wing H, Manning CA. Selection of air traffic controllers: complexity, requirements and public interest. Washington, DC: Department of Transportation/Federal Aviation Administration; 1990, FAA Report No. DOT/FAA-AM/90/13. Available from: National Technical Information Service, Springfield, VA 22161.

APPENDIX A

Evaluation of Current Lenses

Subject#			Date_	
Please feel free to in	ndicate values suc	ch as 2.5 or 4.5		
How well do your	current glasses r	meet your visual n	eeds at work?	·
1 not at all	2 poorly	3 satisfactorily	4 well	5 perfectly
What limitations d	o you experience	e with these glasse	es?	
What do you like a		nt glasses?		
Do you feel that yo received them? yes If no, in what way	no	our current glasse	s is the same as w	hen you first
	•41		at work?	
How comfortable	are you with you	ır present glasses	at work:	_
1 very uncomfortable	2 uncomfortable	3 satisfactory	4 comfortable	5 very comfortable
Are you experience	cing any specific	discomfort with y	our present glass	es?
yes	no			
Please continue to ne	xt page.			

Арр	endix A (cont.)				
Sul	oject #:	-			
lf y	es, please check (off the cate	gory and seve	rity of symptoms:	
1) 2) 3) 4) 5) 6)	eyestrain blurred vision headaches neckpain back pain other	severity: severity: severity: severity:	mild mild mild mild mild	moderate moderate moderate moderate moderate	severese
Do	you feel that your	vision wit	h your glasses	contributes to job	related stress?
	1 not at al	l to so	2 ome degree	3 significantly	
Ple	ase explain:				
	you have any obs ched on in these			on or your glasses note below:	that have not been
	•				

APPENDIX B

Subject Information

Date:/	_/19		
Subject#:		Age:	_
Job Title:			
Hours/week at rac	dar console:		
How long working	at ATCS:	_yrs.,months	
Work related visu	al complaints (eyes	train, blurred vision, etc.):	
Physical complain	nts (headaches, ned	ck or back pain, etc.):	
Health history (pl	ease circle all condi	tions that currently apply):	
glaucoma hypertension	cataracts other	macular degeneration	diabetes
N. Partiana (Dia	list bath propori	otion and non proscription that are	currently used).
Medications (Ple	ase list both prescri	otion and non-prescription that are	currently used).
	Work Measureme		
Distance from ey	es to center of scre	en	
Distance of eyes	from floor when wo	rking at radar screen	

Appendix B (cont.)

Confirm Prescriptions:		
Was written Rx available for work	Rx? yes / no	
Work Rx:		
Dates: Rx://_	/_Lenses://	/
Rx PD:		
Lens style:		
Rx:	Distance	Add
Seg or MRP location:		
pupil center / mm below	/ mm above	
Differences between Rx and lense	es worn:	
Home Rx:		
Dates: Rx://	Lenses:/	
Rx PD:		
Lens style:		
Rx:	Distance	Add
OS:		
Seg or MRP location:		
pupil center / mm below /	mm above	

Appendix B (cont.)		
Differences between Rx and lenses w	orn:	
VAs with current Rx:		
Distance (c	Intermediate distance to radar screen)	Near
OD:		
OS:		
OU:		
#1 Monocular PDs: Dist OD: Near OD: Vertical height to pupil center in frame OD:mm OS:	selected for study:	
Record Specifications of frame select	ed for study:	
Name:	Manufacturer:	
Eye: Bridge:_	Temple:_	
Color#1: (Technica®) Color#2: (Other style)		
Availability verified #1: Technica® fitting and c	#2: cut-out verified:	
Duplicate Rx:	Rx Technica® OD:	
OD:	OS:	
Add	Add	
Seg Ht OD:		
OS:		

Complete orders for Technica® and duplicate work lenses and attach copies to this record.

APPENDIX C

Initial Technica® Evaluation

Name:		Pt.#:[Date
1.) How long o	lid it take before you were confid	ent enough in the T	echnica® lenses to
use them rout	inely at work?		
2.) Have you ı	noticed anything different when v	vorking with these l	enses for 4 weeks?
	e your overall satisfaction with the		
representing	complete dissatisfaction and To	representing compr	ete satisfaction.
4.) Please ch	eck one choice for each of the fo	ollowing areas of ler	ns performance:
A) B) C) D) E)	Variable Working Distance Field of View Glare/Reflections Vision (Distortion/Clarity) Other:	Advantage	
5.) Please inc	licate any visual symptoms that	you noticed with the	ese lenses:
A) B)	Blurred Vision Eyestrain	Increased	Decreased

Appe	ndix C (con	t.)			
6.) Please indicate any physical symptoms that you noticed with these lenses:					
	A) B) C) D)	Headaches Neck Pain Back Pain Other:		Increased	Decreased
	ow do you k one)	u feel that working w	vith these lense	s has affected you	r work related stress? (please
[]	2.) Incre 3.) not a 4.) decr 5.) decr	ease greatly ease slightly affected eased slightly eased greatly e difficulty assessing	g.		
8.) H	ow do you	ı feel that using thes	se lenses has a	ffected your work	efficiency? (please check one)
[]	2.) Incre 3.) not a 4.) decr 5.) decr	ease greatly ease slightly offected eased slightly eased greatly edifficulty assessing	J .		
9.) Hoone)	ow do you	ı feel that using thes	se lenses has af	fected your work r	related fatigue? (please check
 [] 1.) Increase greatly [] 2.) Increase slightly [] 3.) not affected [] 4.) decreased slightly [] 5.) decreased greatly [] 6.) have difficulty assessing. 					
Comments:					

APPENDIX D

Comparative Experience Survey

Nam	e:	Pt.#:	Date	
1.) P	Please note any general observations you m	nade when compar	ing the two lens	s designs:
	can you identify any situations in which you and in what way?	found one lens or t	he other super	ior? If so, which
3.) V	Vith which lenses did you:			44.77
A) B) C) D) E) F)	Experience less fatigue Experience fewer visual symptoms Experience fewer physical symptoms Experience less work related stress Work more efficiently Experience more overall comfort	Technica®	Previous	No Difference
4.) (Considering all the factors, the statement I r	most agree with is:	(please check	one)
	 I strongly prefer the new lenses I prefer the new lenses I have no preference, I like both lense I prefer my previous lenses I strongly prefer my previous lenses have difficulty assessing. 	es equally		
5.) V	Which pair of lenses to you plan to wear at v	work in the future?	*.	
	Technica® lenses	Previous	Вс	oth
6.) [Did you find the Technica® lenses useful in	any other situation	s? If yes, pleas	se explain:
Con	nments:			

APPENDIX E

Follow-up Evaluation

Name:		Pt.#:	Date
1.) Which lenses did you use	at work?		
(Please circle your answer)	Technica®	Old Lenses	Both
2.) Please respond to each st	atement using the	following scale:	
1 = strongly agree 2 = agree 3 = no difference 4 = disagree 5 = strongly disagree			
(If you circled "both" above, p	ease specify which	n lens or both for eac	h question)
A) My eyeglass lenses make	my job easier to pe	erform: (le	ens:)
B) My eyeglass lenses allow r	ne to see my entir	e work area clearly : .	(lens:
C) My eyeglass lenses allow	me to work more e	fficiently:	(lens:)
D) My eyeglass lenses help m	ne to feel less tired	at the end of the day	:(lens:
E) My eyeglass lenses have he pain, etc.): (len	nelped to reduce p	hysical discomfort (he	eadaches, neck pain, back
F) When I get a new pair of grow: (lens:	lasses, I would like)	to get the same eye	glass lenses that I am wearing
Comments:			
			,